

EXECUTIVE SUMMARY

The Nevada Aging and Disability Services Division (ADSD) State Plan covers the period October 1, 2012 to September 30, 2016, and is the blueprint for services to be provided over the next four years. This plan is required by the Administration on Aging (AoA) and outlines the Division's strategy for meeting the needs of Nevada's seniors. It specifically addresses the Division's target populations: at-risk older persons, those with the greatest economic and social needs, particularly frail, low-income, minority individuals and those living in rural areas.

The State Plan provides a clear picture of the Division and the responsibilities it has undertaken. The Aging and Disability Services Division represents Nevadans aged 60 and older, as well as persons with disabilities, and assists the broader community that touches their lives. The Division serves older people at every step of the continuum through safe-guarding their rights, fostering their self-sufficiency, providing counseling and advocating on their behalf. The Division addresses the specific areas identified as concerns through planning, as well as through development and coordination of resources. The Division strives to create and maintain an environment that enables Nevadans to be self-sufficient, independent and safe.

Drafting this four-year State Plan continues to be as difficult as it was four years ago, due to the uncertain status of the state and national economy. Rising fuel costs, the housing market slump and lower-than-expected tax revenues continue to be experienced at a time that Nevada faces a growing senior population. These economic conditions have also affected Nevada's family caregivers, limiting their ability to assist their elder family members, further reducing a traditional safety net.

The development of Nevada's State Plan has been a cooperative effort involving input from the Governor's Commission on Aging, the Senior Services Strategic Plan Accountability Committee, providers within the aging network, and seniors and persons with disabilities. Input from these various partners is further described in Appendix M: Public Comment. Information from the 2010 Census and the Nevada State Demographer's Office is used to identify population trends, detailed in Appendix B, "Nevada Geographic and Demographic Data."

In 1971 the Nevada State Legislature established the Division for Aging Services, now the Nevada Aging and Disability Services Division, which is the State Unit on Aging, described in Appendix C, "The Division and its Programs." Nevada is a single state planning unit and has no Area Agencies on Aging. Since its inception more than 40 years ago, the Division has been the primary state agency advocate for Nevada's elders by developing, implementing and coordinating programs for seniors throughout the state. Since 2009, the Division has also been the primary state agency advocate for persons with disabilities. Through the programs offered, our collaboration with partners and the knowledge our division possesses enables us to be the single point of entry for individuals needing assistance for long term service supports to maintain community living.

The Division functions through seven units and four special programs (Appendix C). The units include: Resource Development (RD Unit), Home and Community-Based Care, Elder Rights, Supportive Services, Disability Services, Information Technology and the Fiscal Unit. The four

special programs include: Legal Services Development; State-Funded Caregiver Training; Individuals with Disabilities Education Act (IDEA) Part C; and Emergency Preparedness Planning.

Through the collaborative efforts of its units, the Division:

- Administers more than 250 grants to 100 providers of services, as described in Appendix D (Community Focal Points) and Appendix H (Service Allocations).
- Helps ensure the rights of elders, whether community-based or in long-term care facilities, and investigates alleged abuse, neglect, exploitation and isolation of seniors.
- Provides home and community-based services enabling the elderly at risk of being placed in an institution, to remain in their homes to age in place.
- Provides information and advocacy.
- Maintains the local area networks, develops the infrastructure and database management systems for data collection, plans for future needs of the Division and troubleshoots and resolves problems encountered by staff and providers. The data collection system enables the Division to compile the Client Profiles, found in Appendix G, to ensure that priority populations are receiving services.
- Manages and tracks all funds received and allocated, to ensure appropriate expenditures in accordance with the various requirements of several funding sources.

These units are integral to achieving the goals and objectives set forth in this State Plan. Progress toward this achievement is monitored by the Division and the Governor's Commission on Aging (COA). Achievements toward the previous plan's goals and objectives, for the years 2008-2012, are detailed in Appendix K, "Division Accomplishments 2008-2012." Division staff provides ongoing updates to the COA on progress toward goals and objectives.

Progress updates regarding the 2012-2016 State Plan Goals and Objectives will be critical in the coming years, because Nevada seniors are living in a rapidly changing society. Considering Nevada's unprecedented senior population growth, its long-term care needs will continue to increase more rapidly than any other state in the nation.

Senior population growth is occurring in Nevada, while funding for senior services has remained flat or reduced in some cases. Increased demand on services is due to issues such as in-migration of retirees, aging of the existing population, and the out-migration of younger people – especially from rural communities. Tracking these changes is crucial, so that considerations of the Division's Funding Formula, found in Appendix E, can influence decisions regarding allocations.

Overwhelmingly, Nevadans want to live out their lives in their own communities. Nationally, four out of five older individuals prefer home care when they need help. Enabling seniors to age in place will require a significant commitment to identifying resources and funding community-based services.

Baby boomers expectations are very different from generations preceding them. As a result, services are evolving to meet their diverse needs. At the same time, older seniors are living longer and requiring services that help them continue living independently in their homes, rather than in institutions.

In response to baby boomers and older seniors, and to the degree possible, the Division is growing and designing its services, defined in Appendix G, to be more responsive to individual needs and choices. Alternatives to long-term care facilities must be expanded or Nevada's medical assistance costs are likely to skyrocket in the next 10 years. Without cost effective alternatives, the state's long-term care financial and service delivery capabilities will be overwhelmed.

To meet these significant challenges, the Division continues to be proactive and innovative in developing and/or working with coalitions to bring services to seniors. Technology is playing a key role in maximizing available resources through video-conferencing, computer networking and information sharing. This includes the integration of web-based assessment tools for streamlined access to programs and services.

All of these considerations have shaped this four-year plan, outlining what the Division will do to accomplish its goals and objectives, and how changes planned for the next four years will enhance the current service delivery system for Nevada seniors.

The Nevada Aging and Disability Services Division has set forth five major goals with a number of objectives and strategies for each goal. They are detailed in "Goals and Objectives and Strategies," beginning on page 14. These goals and objectives are very much in keeping with the Administration on Aging national agenda and vision for a system of care, as they:

1. Provide an efficient support services delivery system to improve the independence and dignity of older Nevadans;
2. Empower older adults and their families to make informed decisions about, and be able to easily access a comprehensive array of information, referral intake assessment and eligibility determination services;
3. Provide additional choices for high risk individuals;
4. Empower older adults to stay active and healthy through evidence-based health promotion/disease and disability prevention programs; and
5. Provide an efficient system to promote and protect the safety and rights of older Nevadans.

These goals and their associated objectives will enhance Nevada's aging services system with a number of significant improvements that engender a consumer responsive system. The following provides an overview of significant enhancements and their anticipated outcomes.

The Aging and Disability Services Division will measure change through a quarterly tracking and analysis of established benchmarks or Performance Indicators for all of its programs. This quality management activity is conducted in tandem with the Nevada Department of Health and Human Services and the Nevada Legislative Counsel Bureau, on behalf of the Nevada Legislature. All have a vested interest to ensure that dollars invested in programs provide desired results. In the event the Division's review of Performance Indicators reveals a program is failing to achieve the desired outcome, the Division conducts an analysis to determine the reason and then initiates corrective actions.

DIVISION OVERVIEW

The Nevada Aging and Disability Services Division, one of six divisions within the Nevada Department of Health and Human Services, has a primary focus of providing statewide outreach and services for Nevada elders and persons with disabilities. These services are provided either directly by Division staff or in collaboration with numerous partners around the state. In delivering and funding services, the Division considers the multitude of factors discussed in this document and its 13 appendices, such as: state geographic and demographic data, at-risk seniors, public input regarding service needs and levels of available funding from various resources. The Division considered these factors in developing its Goals and Objectives for 2012-2016, and has also incorporated the three focus areas set forth by the Administration on Aging for 2013 State Plans within the objectives and strategies that achieve its overarching goals.

Vision, Mission and Philosophy

The Nevada Aging and Disability Services Division functions within the framework of the following vision, mission and philosophy statements.

Vision: We envision a Nevada where older citizens, persons with disabilities, and their families enjoy self-sufficiency, independence, and safety with opportunities for a productive life that respects the person's dignity and right to self-determination.

Mission: The mission of the Aging and Disability Services Division is to develop, coordinate, and deliver a comprehensive support service system of essential services, which will allow Nevada's elders and those with disabilities to lead independent, meaningful and dignified lives.

Philosophy: The Aging and Disability Services Division functions on the principles of accessibility, accountability, mutual respect, dignity, timeliness and ethics. The Division will provide a proactive environment that will involve and empower older citizens and persons with disabilities, strengthen the statewide aging service delivery network and foster the professional growth of Division employees.

Organization of Nevada's Aging Network and Long-Term Care System

The Division within Nevada State Government

The Aging and Disability Services Division, is the single state planning unit for aging and disability services. Nevada has no Area Agencies on Aging. Since its inception 40 years ago, the Division has been the primary advocate for Nevada's elders, developing, implementing and coordinating programs for seniors throughout Nevada. Since its merger with the DHHS Office of Disability Services in 2009, it also is the primary advocate for Nevadans with disabilities.

The Division receives funding from a number of federal and state sources to support its agency programming and also administers over 250 grants to more than 100 agencies statewide. As a single state planning and service unit for aging services, the Division is responsible for carrying out all of the activities defined in the Older Americans Act. This Act is one of the primary

funding sources for the Division's network of aging services providers. Other funding sources include: Medicaid reimbursements for various direct services the Division provides; funds received from Nevada's share of the 1998 Tobacco Master Settlement Agreement, which funds Independent Living Grants and Division programs; State General Fund for State Caregiver Training, State Volunteer and State Transportation grants; Title XX of the Social Security Act, which funds the Homemaker and Elder Protective Services programs; Centers for Medicare and Medicaid Services, which funds the Nevada State Health Insurance Assistance Program (Nevada SHIP); Administration on Aging, which funds Nevada Senior Medicare Patrol (Nevada SMP); the Clark County Taxicab Authority, which funds the Taxi Assistance Program (formerly Senior Ride) in Clark County; and the Department of Labor, Title V, which funds the Senior Community Service Employment Program (SCSEP).

Statutory Authority: Nevada Revised Statute, Chapter 427A, provides the primary statutory authority for the Aging and Disability Services Division to administer programs and services funded under the Older Americans Act. In addition, the Division is responsible for administering state and federal funds for the provision of non-medical home and community-based services to older individuals and individuals with disabilities, and for elder protective services.

Aging and Disability Services Division (ADSD) staff is responsible for carrying out the Goals and Objectives of the State Plan on Aging. Quarterly reviews to evaluate accomplishments are completed through the duration of the plan. In this responsibility, the division utilizes various commissions, committees and individual units to guide its work. These include the following:

- The Nevada Commission on Aging
- The Strategic Plan Accountability Sub-Committee (SPAC)
- The Nevada Commission on Services for Persons with Disabilities
- 7 Units of ADSD
 - Resource Development Unit
 - Home and Community Based Care Unit
 - Elder Rights Unit
 - Supportive Services Unit
 - Disability Services Unit
 - Information Technology Unit
 - Fiscal Unit

The Division also has four special programs including the Legal Services Development, State-Funded Caregiver Training, and Emergency Preparedness Planning that assist in carrying out the mission. Detailed information regarding each of these commissions and units can be found in Appendix C.

Long-Term Care Organization in Nevada

The Nevada Division of Health Care Financing and Policy, also known as Nevada Medicaid, officially administers the home and community-based waiver services in the state. Nevada Medicaid staff is the main conduit of information from the federal level to operating divisions within the Department and vice versa. ADSD writes the waiver applications and works collaboratively with Nevada Medicaid staff to develop operating policy for the waiver programs

ADSD operates. However, Nevada Medicaid staff has final approval authority of the applications and subsequent evolving policies.

Additionally, the Division operates the following programs that provide supports to allow individuals to remain in their home setting: Community Service Options Program for the Elderly (COPE); the Title XX Homemaker Program; and a Personal Assistance Services (PAS) program. The Division also coordinates activities of special projects such as the Lifespan Respite Initiative, Chronic Disease Self Management Program, and the Alzheimer's CarePRO program for caregivers.

The prioritization and needs assessment principles applied to waiver operations are also being applied to the procedures of all Division programs. The global application of policy and procedure among programs has assisted in a more consistent understanding by staff of the agency's mission and purpose, as well as program scope and assures the Division serves those in most social economic and functional need.

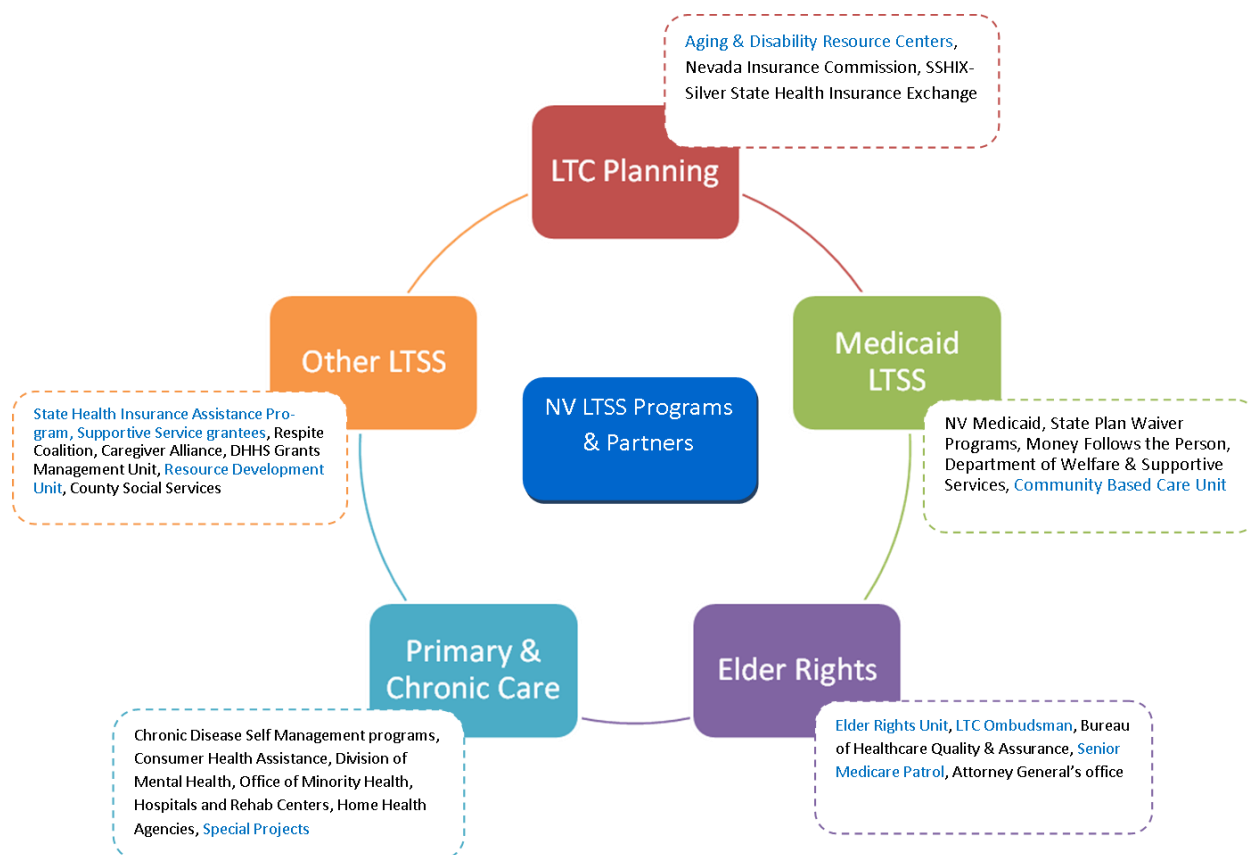
Division staff exercises leadership with policy makers within the Department and other Divisions to set policy direction for home and community-based services. Division staff organizes presentations for its advisory committees to showcase issues such as out-of-state nursing facility placements, nursing home diversion processes being undertaken and needed guardianship law modifications, as a means to influence public policy through new legislation or funding. These types of leadership activities apply to and are found at all levels of Division and Department programming.

The Aging and Disability Resource Center program in Nevada has shaped and will continue to shape the Division's work toward streamlined access through the engagement of sister agencies and community partners to increase information and access to programs and services. Through the 2009 ADRC Enhancement grant, the Division created a stand-alone 5 year Strategic Plan to reach fully functioning status for the ADRC program. Many of the goals within this state plan reflect objectives and activities stated in the ADRC strategic plan. The maturation of the ADRC program in Nevada along with the Divisions commitment to provide comprehensive services has facilitated several working collaborations by the Division as evidenced below.

The long term services and supports (LTSS) system consists of five key components.

- Long Term Care Planning (LTC Planning)
- Medicaid LTSS services
- Other LTSS services
- Primary & Chronic Care Coordination
- Elder Rights

The diagram depicts these components and the various partnerships the Division has engaged to streamline access and rebalance the LTSS system in Nevada. The Division units/programs are indicated in blue.



Funding Allocations, Service Utilization and Service Users

The Division's Funding Allocations by County, Service Allocations and Client Profiles are detailed in Appendices F, H and I.

Since the Olmstead Decision, the State has worked to more readily provide care in the least restrictive and most integrated residence of choice. Nevada Revised Statute 427 requires that divisions within the Department of Health and Human Services, including the Aging and Disability Services Division, identify clients requiring the highest need for care who desire to remain in a community-based setting and plan for program expansion targeting this group of individuals. Each program plans for caseload growth based on population, as well as this targeted group of higher need individuals who would have to live in institutions without access to programs.

Additionally, as stated in the Division's Goals and Objectives, the Division will initiate and lead an ongoing collaboration between Nevada ADRC, the Division's Advocate for Elders Program staff and area hospitals to identify and evaluate service needs of inpatients. Those pending discharge to a nursing facility, will be evaluated for diversion to community-based services, whenever this option is feasible. The cornerstone of this initiative will be expedited communications, evaluation and planning with patients, families and service providers, who will prioritize supportive services for these clients.

Nevada operates home and community-based waiver programs designed to serve the needs of seniors and individuals with disabilities, mental retardation and developmental delays. The waivers offer a menu of services that vary depending on the target population. One obstacle the state has faced in offering waiver access is the inability to hire case managers, especially in the Las Vegas area. Social worker case manager vacancies have negatively affected the number of clients served for all the waivers operated within the state. The Department has established a reasonable wait time of 90 days for access to the waivers once referred, and all operating divisions are still striving for this goal. Relevant to ADSD, the wait time for waivers is meeting this goal as of the third quarter of State Fiscal Year 2012, January through March. In the most recently reported month, the wait time was 82 days.

In 2011, the Division conducted a statewide Survey of Seniors and Citizens with Disabilities, to define perceptions about the adequacy of services received, and to identify needed services. A total of 2,420 individuals completed the questionnaire; 2,104 respondents were seniors, and persons with disabilities accounted for 935 responses.

Survey findings helped the Division develop its goals and objectives for the coming four years, and will also guide funding decisions. Respondents identified the three most important services in their opinion that they believe will prevent nursing facility admission as: Transportation, Personal Emergency Response System and Home Care Services. In addition, Adult Day Care, Companion Services, Respite Care, Legal Assistance and Health Education were identified as important services in the community. Seventy percent of those responding to the question asking if they would be willing to share in the cost of their services indicated they would. The primary reason for not being willing to do this was lack of financial ability. Clients were also asked about their experience with the services received. Additional results are provided in Appendix J of this document.

Critical Issues and Trends

Critical Issues

For the foreseeable future, Nevada's economy is the most critical issue and trend in the state. Nevadans struggle with the highest foreclosure and unemployment rates in the nation. Nationally, the unemployment rate dropped to 8.3 percent in January 2012. But in Nevada, there has been little improvement. The state's unemployment rate in December 2011 was 12.6 percent. The tourism and construction industries, once the lifeblood of state revenues collapsed along with the global economy during 2008, the first year of the current four-year State Plan. Home values are still decreasing and commercial building permits have ground to a halt. Recovery is expected to be bumpy.

The 2008-2012 State Plan cited the economic conditions in Nevada, rising fuel costs, the housing market slump and lower-than-expected tax revenues that resulted in more than a \$1 billion budget deficit and associated reductions. For the 2010-2011 state budget, state agencies had to build their budgets at a reduced rate. In many circumstances, the state General Fund is the source of Nevada's federal match. When the General Fund is reduced, the state is unable to bring in the federal funds, thus resulting in a loss of additional resources used for direct services.

Additionally, the economic condition of Nevada affects the ability of families to assist their elder family members, further reducing a traditional safety net and stressing the service system. Nevada's family caregivers need additional support and services to help them cope with the demands of the multiple stressors they are facing in this economy and still maintain their caregiver role.

Beyond the state of the economy, understanding the challenges of delivering services in Nevada requires knowledge of the state's geography and population. Nevada is the seventh largest state nationwide, with most of its population concentrated in three urban counties and the rest dispersed throughout 14 rural and frontier counties. Among Nevada's unique service delivery challenges are: communities in remote areas, geographic obstacles, severe weather conditions and poor communication systems in some areas. Appendix B of this document, addresses these issues in more detail.

Population: The extremely high growth rate of Nevada's population, especially its senior population, further challenges service delivery. The 2010 Census data illustrates this. Nevada's total population has now reached 2,700,551. Nevada has had the highest population percentage increase nationwide since 2000, with an overall population increase of 35.1 percent, while the nation increased by 9.7 percent. Nevada is the only state with a growth rate of 25 percent or greater for the last three decades, and has been the fastest growing state nationwide for the last five decades.

Elderly Population: Nevada's elderly population growth has also outstripped the nation in the decade 2000 to 2010. Its population of age 60 and older increased by 56.3 percent, to 475,283, an increase of 171,212 seniors from the 2000 Census, compared with only a 22 percent increase of this age group nationwide. The population of seniors age 85 and older increased 77.7 percent, to 30,187, an increase of 13,198 seniors, compared with only a 29.75 percent increase of this age group nationwide.

Nevada's senior population growth is attributed to issues such as in-migration of retirees, aging of the existing population, and the out-migration of younger people, especially in rural environments. While these reasons vary, the impact of the senior population is multi-faceted, affecting all aspects of Nevada communities.

Funding for Senior Services Inadequate: In spite of Nevada's skyrocketing senior population, funding has remained flat and in some cases decreased. The state is challenged in merely sustaining existing and vital supportive services, not to mention increasing capacity to adequately serve the growing need. Nevada's social service funding levels are thinly stretched and priority services are apportioned with the limited remaining funds. These factors make overcoming barriers to care especially difficult in Nevada. Increasing population underscores transportation needs, housing requirements, workforce pools and healthcare costs to name a few. This issue is recognized and taken into consideration in developing plans, community interventions and educational programs to ensure that all funding is targeted to those most in need and especially to those at imminent risk for nursing home admission.

Race/Ethnicity: Nevada is becoming more diverse in terms of the racial/ethnic and cultural characteristics of its population. Nevada's population self-identifying as a minority increased by 84 percent in the decade 2000 to 2010, from 496,371 in the 2000 Census to 913,863 in the 2010 Census. In view of this, the Division will need to increase its efforts during the next four years to find effective outreach and service mechanisms to meet the needs of these seniors.

Disability and Aging: According to the 2010 American Community Survey (ACS), 10.6 percent of Nevada's population lives with a disability. Of the 323,213 *non-institutionalized* Nevadans, age 65 and older, 34.2 percent or 110,467 self identify as having a disability. Many disabilities can be traced to chronic disease.

Chronic Disease: Information relevant to chronic disease in Nevada underscores the importance of ADSD's ongoing promotion and support for the Stanford model - Chronic Disease Self Management Program and other health promotion and disease prevention activities. It also supports the Division's priority outreach to minority and low income populations, and those living in rural Nevada, to help improve care access. A University of Nevada Las Vegas 2010 Cannon Center survey reports that 51 percent of respondents have been diagnosed with a chronic disease. The population sampled was Nevadans age 50 and older, and the sample size was 1,200.

Suicide and Aging: Nevada has the highest suicide rate in the nation for seniors age 60 and older, more than double the national average. Major depression is the most common psychiatric disorder among the elderly, but often this is not being identified by loved ones or care takers, including many primary care physicians. Stigma relating to seeking help reduces older adults' access to mental health professionals (Nevada Office of Suicide Prevention, 2011). In spite of this, Nevada's public service options for mental health care access have been significantly reduced in recent years due to budget cuts.

Dementia and Alzheimer's Disease: Nevada's significant growth in the incidence of dementia and Alzheimer's disease is a dominant focus for service planners, and therefore addressed at length in this State Plan. Approximately 70 percent or 20,300 of Nevadans with Alzheimer's disease live at home, where about 80 percent of their care is delivered by family members. While unpaid caregivers are primarily family members, they also include other relatives and friends. Almost 80 percent of caregivers of persons with dementia and Alzheimer's disease are in age clusters that are typically associated with persons in the employment workforce, of childbearing age and those raising families. This underscores the crucial need for OAA Title III-E funding to support Nevada caregivers and their families to prevent or delay admission to an institutional setting.

Current Trends

Proactively, the Division collaborates with service providers statewide to build capacity and generate a sustainable system that will link the network of providers with an easily accessible approach to services. Over the course of the last three years, the Division has built a comprehensive web portal, NevadaADRC.com to provide easy access to over 2000 web resources across the state, various weblinks to a wide array of topics and an online learning management solution for consumers, service providers, partners and Division staff. The Division's recent information technology achievements enables the Division, providers and

grantees to have expedited and more comprehensive access to program outcomes and achievements, and access to the statewide network of available services.

Past efforts have centered on coalition and capacity building between the Division, grantees and the community at large. This includes a requirement that all grantees and providers, as well as ADSD staff, participate in a statewide data entry system. This facilitates a seamless approach and makes it unnecessary for seniors to duplicate information at every service location. The data provides the agency and the service delivery network with the broadest picture of services provided, and it assists in the detection of gaps in service provision and documents the need for additional funding. The Division continues to work with grantees, service providers and the community at large to strengthen collaborations and partnerships that enhances the service delivery system in Nevada. The Division has been a catalyst for creating coalitions and community support for various initiatives such as Alzheimer's disease education, the chronic disease self management program, and the respite coalition.

The overall direction of the Nevada Aging Network is towards a truly integrated system, which utilizes many entry portals. Internet access is crucial but does not stand alone. Information, advocacy and services will become easily accessible whether by phone, Internet, or person-to-person. Peer-counseling and care management become important components. Client services provided through Medicaid waivers remain a critical and important element of service to the most fragile and at risk.

Opportunities supporting entrance into a comprehensive community-based, long-term care system through "systems change" include: 1) Emphasis on integration of grantee/government agency/provider network utilizing the model of the Aging and Disability Resource Centers; 2) Increased capability to assess client need based on reports generated by statewide service delivery data entry system (SAMS); and 3) Opportunities made available through collaboration with CMS and ACL regarding nursing home diversion; facilitation of consumer choice, more wide-spread use of evidence based strategies and implementation of performance-based business approaches to improve outcomes.

Community leaders look to the Division for guidance in designing sustainable models of service, collection of data to assess critical need, and to assure oversight and accountability of the service delivery system. Successful facilitation of the partners involved in the formation of the Aging and Disability Resource Centers provided a solid groundwork and assure seamless entry points to service. Continued collaboration with ACL, CMS, Medicaid, and other state agencies is primary to assure facilitation of state supported client services.

Creating a seamless point of entry in Nevada's Aging Network requires a commitment to rebalancing the long term services and support system in Nevada. A key initiative has been collaborations with Nevada Medicaid on implementation of the Money Follows the Person (MFP) Grant to establish infrastructure, services and procedures to enhance and facilitate community transitions. Strategic planning includes enhancing the quality improvement systems that cross multiple programs and services by integrating multiple data systems into a single statewide database that will interface with Nevada Medicaid Management Information System (MMIS) and include case management, service planning and delivery, capturing cost data and

tracking and reporting capabilities. This includes a data sharing agreement between the Division and the Division of Welfare and Supportive Services (DWSS) to gain access to their eligibility system, NOMADS. Through this agreement, Division staff are able to check the status of Medicaid eligibility determinations and better facilitate the approval process. There is also framework being developed for consolidating quality assurance efforts across DHHS to ensure that the highest quality services are delivered in the most administratively efficient, effective and consistent manner possible.

The Division, senior service providers and advocates must: continue to engage in cooperative planning efforts; expand collaborative partnerships; and seek sustainable funding sources. These efforts will provide a solid foundation for a comprehensive information and referral, care planning service system that enhances the quality of life. Key components of these planning efforts include state and federal legislators, public leaders, advocates, seniors and their caregivers.

The Next Four Years

In looking towards the future, the Division will continue to work towards minimizing the many challenges faced in Nevada through a wide array of goals and objectives. The Aging and Disability Resource Center program continues to be a priority and model for service delivery in reducing strain on the long term services and supports system. Engaging community partners, strengthening collaborations among sister agencies and continued legislative action will assist the Division in accomplishing the goals and objectives of this state plan. The ADRC, as a conduit to LTSS is further enhanced through the efforts of three separate initiatives in Nevada.

Lifespan Respite – Nevada’s informal caregivers are key to a sustainable LTSS network. In order to encourage them and assist them to remain in their caregiving role, respite needs to be available. Over the past three years, Nevada has begun working on the infrastructure to a sustainable Lifespan Respite Program. In the next four years, Nevada’s broad goal for the Lifespan Respite Program is to create a sustainable system of respite care and caregiver supportive services. Goals include the following: 1) A model of care to coordinate respite services statewide across the age spectrum including identification and training of respite providers; 2) Utilize the capacity of the Nevada Lifespan Respite Care Coalition to build upon existing respite services, develop respite services models, and improve access to respite care in the community; 3) Integrate a system to connect respite providers and caregivers to available respite resources including the use of self-directed vouchers.

Nevada will enhance its Aging and Disability Resource Center (ADRC) “Portal” to improve: data collection, communication and coordination between provider agencies, both private paid and publicly subsidized; caregiver access to support and respite services; and caregiver choice in selecting respite providers. Nevada’s system will ensure data collection and service connection for respite care across the age spectrum and between private pay and subsidized respite services providers, thereby, enhancing coordination, and resource sharing that benefits providers and caregivers.

Community Care Transitions Programs (CCTP)- Two of Nevada's ADRC sites have been involved with preliminary planning for CCTP programs. While the programs have yet to be funded through CMS initiatives, Nevada remains committed to improving relationships between the Division, local medical centers and hospitals and the ADRC network to educate consumers and ensure they have the services necessary to lead healthier, independent lives in the community. The Division is committed to share training and needs identification tools with these partners. Initiatives such as the Chronic Disease Self Management program continue to play a role in the context of service delivery in the state and will remain a priority over the next four years.

Veteran's Services- Nevada's veteran's population continues to soar in relation to the overall population growth. Coordinating services and access to services, particularly home and community based services is essential to ensure all Nevadans have access to services and supports of their own choosing. Staff from ADSD, Washoe County Senior Services (an ADRC site) and the Veteran's Health Administration (VHA) are collaborating to identify strategies and increase awareness of long term care and community living options for seniors, persons with disabilities and veterans. Outcomes include identification of eligibility requirements for state, county and veterans services; contact and referral information for available resources; and effective service coordination across varied programs.

Another priority is to streamline the single point of entry through ADRC's and to promote self determination options that best meet individual needs to maintain community integration. To implement these strategies, a workshop has been planned to provide outreach and education to hospitals and rehabilitation facilities discharge planners (Registered Nurses and Social Workers), Medicaid and Welfare agency staff, case managers and Home Health staff with the goals of increasing awareness of community partners, reinforcing multi-agency connections and optimizing resources from federal, state and county initiatives. The conference, "Tools for Your Toolbox" is being held September 25, 2012 for 70-100 participants. Additionally, ADSD, Nevada ADRC's and Washoe County all utilize Harmony Information Systems: Social Assistance Management Software (SAMS) for tracking, service delivery, coordination of services and reporting which further enhances the management of consumers.

CDSME/CDSMP – The Chronic Disease Self Management program (CDSMP) as part of Chronic Disease Self Management Education (CDSME) continues to be a priority within the Division as well as with sister agencies in rebalancing the long term services and supports system. Over the course of the last three years, the program has been introduced to Nevada and continues to grow. Several steps to further integrate CDSME activities into the state system is currently underway and furthering the development of state resources. The significant components include the combination of funding sources with ADSD and Nevada State Health Division; the development of the Quality and Technical Assistance Center; the expansion of program partners throughout the state (United Latino Community, Nevada Senior Services, Nye County Coalition); and the integration with Title III-D funding to further advocate and embed CDSME activities.

Through these four initiatives, plus the Nevada ADRC portal, the Division's case management software SAMS and continued collaborations with sister agencies, grantees and other community

providers the Division will strengthen the LTSS system in Nevada. Components within the portal are being designed to allow streamlined referrals across agencies lines, encourage comprehensive Options Counseling Assessments are completed and allow access to a resource directory of services throughout the state. The goals and objectives set forth in this plan continue to reinforce the Division's commitment to a streamlined LTSS system in Nevada.

GOALS, OBJECTIVES AND STRATEGIES

The Nevada Aging and Disability Services Division sets forth the following 2012-2016 Goals and Objectives with associated Strategies.

Goal 1: Older Nevadans have a seamless and comprehensive support services delivery system to improve their independence and dignity.

In an effort to develop a seamless and comprehensive support services delivery system, ADSD will:

Objective 1.1: Coordinate services and programming among OAA funded initiatives including Title III, Title VII and Title VI, ACA mandated program areas and sister agencies.

Objective 1.2: Educate and collaborate with community advocates, long-term supportive services providers, educational systems and other entities to identify gaps in services and develop a safety net for those in need.

Objective 1.3: Implement Core Services and Services Priorities to ensure the most critical services are offered to the highest need consumers first.

Strategies	Responsible Party	Completion Date
Continue a collaborative workgroup of OAA program directors, sister agencies and other stakeholders to streamline processes.	ADRC Project Manager	Quarterly thru 2016
Provide training to ADSD grantees and partners to ensure comprehensive, accurate information is provided to all service providers.	RD Unit	Quarterly thru 2016
Educate and encourage community partners and program clients to continue advocacy efforts.	RD Unit	Quarterly thru 2016
Inventory services and identify gaps in services annually.	ADRC Project Manager	Annually thru 2016
Develop universal screening tools to help identify clients with the highest need for priority of services.	RD Unit	September 2013
Implement and review ADSD Core Services annually	RD Unit	Annually thru 2016
Work collaboratively with Title VI program directors through existing grantee partnerships to encourage coordinated programming for all LTSS services.	RD Unit	Quarterly thru 2016

Performance Measures

- ✓ Track the number of trainings and collaborative meeting held each year.
- ✓ Track the number of new services added to the Nevada ADRC web portal each year.
- ✓ Measure the change in services among priority populations.

Goal 2: Older Nevadans, persons with disabilities, their families and caregivers have access to a statewide network of single point of entry sites that provide a comprehensive array of information, referral, intake assessment and eligibility determination services.

In an effort to develop a network of single point of entry sites in Nevada, ADSD will:

Objective 2.1: ADRC discretionary grant activities are integrated with OAA core programs, ACA mandates and programs within sister agencies.

Objective 2.2: Expand ADSD IT infrastructure to increase capacity for information sharing and build a network for referrals throughout the LTSS.

Objective 2.3: Increase access and awareness of ADRC program sites throughout the state.

Strategies	Responsible Party	Completion Date
Develop multiple sustainable funding opportunities for new and ongoing initiatives between ADRC and multiple partners.	ADSD Administration, ADRC,SHIP Director, ADRC Project Manager	Ongoing through 2016
Strengthen access to Options Counseling through continued training and collaboration with ADRC, SHIP and Senior Medicare Patrol.	ADRC, SHIP Director, SMP Program Officer, ADRC Project Manager	Ongoing through 2016
Expand the number of ADRC sites throughout the state, particularly in rural areas.	ADSD Administration/ADRC Project Manager	Ongoing through 2016
ADSD program will continually evaluate program and resource information to add content to the ADRC portal for consumers and provider networks.	ADSD Staff	Ongoing through 2016
Develop a statewide marketing campaign in conjunction with Nevada 2-1-1 to increase awareness and access to ADRC services.	ADRC Project Manager, 2-1-1 Partnership Committee	October 2013 (launch)
Continue efforts with NV Medicaid and DWSS to create a seamless entry portal for public LTSS benefits.	ADSD Administration, NV Medicaid Administration, & DWSS Administration	July 2015 (launch)

Performance Measures

- ✓ Track the number of new funding streams for ADRC services each year.
- ✓ Track the number of consumers served and the types of services made available through the ADRC program each year.
- ✓ Track the number of new ADRC sites added biannually.

- ✓ Review and report status of IT infrastructure efforts to COA, Stakeholders and partners annually.

Goal 3: Older Nevadans and their families have greater flexibility and more choices regarding their long term care options.

In an effort to develop an array of services in Nevada, ADSD will:

Objective 3.1: Evaluate and implement a variety of options for service delivery, including payment options and volunteer programs to increase access to long-term support services.

Objective 3.2: Increase client assessments for priority determinations, options counseling and caregiver support to ensure awareness of available programs and services.

Objective 3.3: Develop a variety of training tools for ADSD staff, grantees and community providers for assessments, consumer directed care and nursing home diversion.

Objective 3.4: Create opportunities for nursing home diversion and transition in close coordination with sister agencies, hospitals, rehabilitation centers and other community partners.

Strategies	Responsible Party	Completion Date
Explore and implement voucher program options as well as sliding fee scale options for service delivery in an array of programs.	CBC Unit, RD Unit, Supportive Services Unit	July 2015
Initiate a volunteer program to engage more volunteers and expand service delivery across the state.	Supportive Services Unit, RD Unit	July 2015
Develop caregiver training to increase awareness of available supports and services.	Respite Coordinator	October 2013
Develop training on consumer directed care, self-advocacy and assessments for service providers, caregivers and consumers.	Supportive Services Unit, RD Unit	October 2015
Emphasize healthy living and nursing home diversion in the Title III-B and ILG RFP funding structure.	RD Unit	January 2013, January 2015
Develop a communication strategy that leads to a collaborative approach between ADSD, Hospital Discharge Planners, and other critical pathway providers, and families/patients at high risk for nursing home admission to ensure a safety net of services.	Supportive Services Unit, RD Unit	Ongoing through 2016
Develop a seamless referral and evaluation process with partners to emphasis diversion and transition activities.	ADRC Program Manager, CBC Unit and RD Unit	Ongoing through 2016

Performance Measures

- ✓ Track the number/types of services made available through alternative funding streams.
 - ✓ Track the number/types of caregiver and consumer assessments completed each year.
 - ✓ Track the number of completed trainings each year by type (consumer, caregiver, service provider)
 - ✓ Measure the satisfaction of diversion and transition services through surveys each year.
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Goal 4: Older Nevadans are active and healthy with the support of evidenced-based health promotion and disease and disability prevention programs.

In an effort to ensure active and healthy Older Nevadans, Nevada, ADSD will:

Objective 4.1: Integrate Supportive Services (Title III) and Elder Rights (Title VII) programming with evidence-based health promotion and disease and disability prevention programs to enhance access and participation across the service system.

Objective 4.2: Explore opportunities to expand evidence-based health promotion, and disease and disability prevention activities.

Objective 4.3: Improve access to healthcare through education and benefits counseling for Medicare, Medicaid and general health insurance benefits.

Strategies	Responsible Party	Completion Date
Educate, promote and encourage community partners, grantees, and Title VII staff to advocate for healthy lifestyles and refer clients into evidence-based programs.	Supportive Services Unit, Elder Rights Unit, CBC Unit	Ongoing through 2016
Identify external agencies and organizations with similar interests in health promotion, and disease and disability prevention and establish collaborative partnerships with them to address needs.	Supportive Services Unit, RD Unit	Ongoing through 2016
Increase training and awareness to SHIP, SMP and ADRCs for health promotion and preventive benefits	Supportive Services Unit	Ongoing through 2016
Increase the number of SHIP counselors statewide through increased training and collaborations.	SHIP, ADRC Director	Ongoing through 2016
Participate in opportunities made available through the ACA to increase awareness and access to health insurance options for all Nevadans.	SHIP, ADRC Director	Ongoing through 2016

Performance Measures

- ✓ Track the number of clients participating in evidenced-based programs each year.
- ✓ Track the number of new, certified SHIP Counselors each year.
- ✓ Track the number of consumers provided benefits counseling each year.

Goal 5: Older Nevadans have an efficient system that promotes and protects their safety and rights.

In an effort to promote and protect the safety and rights of Older Nevadans, Nevada, ADSD will:

Objective 5.1: Expand and improve training opportunities related to elder abuse, neglect, exploitation and isolation for caregivers, providers and grantees.

Objective 5.2: Promote resident rights, decreased Medicare waste, errors and abuse, and decreased elder abuse, neglect and exploitation.

Objective 5.3: Provide legal services to the target groups specified by the OAA, with emphasis on ADSD priority populations for services.

Strategies	Responsible Party	Completion Date
Work collaboratively with law enforcement, attorney general's office and the Bureau of Health Care Quality and Compliance to present trainings related to elder abuse, resident's rights and Medicare waste.	Elder Rights Unit, SMP Program Officer, LTC Ombudsman	Ongoing through 2016
Increase the number of Volunteer LTC Ombudsman each year to ensure statewide promotion of resident's rights and improve resident stays	LTC Ombudsman	Ongoing through 2016
Increase the number of SMP volunteers to prevent Medicare waste, errors, and abuse.	SMP Program Officer	Ongoing through 2016
Evaluate reports from legal services providers to identify gaps in available services each year.	ADSD Legal Services Developer	Ongoing through 2016

Performance Measures

- ✓ Track the number of trainings conducted each year by Elder Rights, SMP and LTC Ombudsman.
- ✓ Track the number of new SMP and LTC Ombudsman volunteers each year.
- ✓ Calculate Medicare savings realized by SMP hotline each year.
- ✓ Track the number of legal services provided each year, including the number of new services added.